

3701 Pacific Ave. Suite 500, Virginia Beach, VA-23451 757-437-0733

We will take into consideration the information that you have submitted and will contact you soon after the intake's submission. When considering who is eligible to receive free services, SDF reviews the applicants financial standing and the concerns presented below in relation to the possibility of a presence of dyslexia. Following the approval of the documentation, applicants being considered to receive tutoring will be brought in for a reading assessment for final acceptance into the program.

## **Contact Information**

Last Name

Suffix

Middle Initial

()	()	()	
Cell Phone	Home Phone	Worl	k Phone
Email Address			
Street Address			
City		State	Zip Code
for all adults in the h blacked out). All dis	of your most recent taxes th ousehold. (2018 tax pg. 1 wit ability, child support, and/or ne. If there has been any cha	h all social secui unemployment	rity numbers should be
	_ Household Size To	tal Claimed Inco	me

First Name

Please describe in detail any physical disabilities, previous evaluations and diagnosis, and any special services that you were in need of, or were provided to you, during your time in school.
<del></del>
Please explain your concerns for yourself and why you feel you could be struggling with the reading disorder dyslexia. Please include any family history for having difficulty with learning.
Please let us know your availability for a one-hour, pre-testing session. Include what times you are available on the following days.
Monday:
Tuesday:Wednesday:
Thursday:
Are there any days that you are unavailable for pre-testing?
Please let us know your availability for weekly, one-hour tutoring sessions by including the days and times of week that are doable. Please keep in mind the earliest time you can arrive and the latest time you would like tutoring to end.
Are there any days that you are unavailable for tutoring?